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References

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A History of Madness: Four Venerable Virginia Lunatic Asylums

In various ways and over many eras, society has attempted to resolve problems arising from personal behaviors that are at odds with social expectations. The misfits whose actions cause concern may be violent toward others or themselves. Their mannerisms may distract or offend. Such people often may be unable to care for themselves, and attending to them may require skills and efforts that other persons cannot easily provide.

Over the years, such afflicted people at times have been considered possessed by exterior forces, or as helpless victims of circumstances, as weak-willed or as biologically or emotionally disturbed, "a poor unhappy set of people who are deprived of their senses" in the words of Virginias Colonial Governor Francis Fauquier in 1766. Their conditions have seemed temporary and curable or permanent and intractable. Society has tried to help them psychologically or surgically or with medicines, has segregated them from a normal environment or worked to integrate them into it. Each era of change has inspired claims of success, followed often by complaints and dismay. Currently it is estimated that up to 50 percent of Americans may at some point need help in coping with addiction, depression, trauma, or some other problem causing profound difficulty in dealing with life. What can be done to help?1

The pattern of our attempts to answer this question is reflected in the histories and the structures and programs of four venerable Virginia lunatic asylums. When buildings have been created expressly to house people unable to live safely on their own, the design and proportions of those buildings become actual aspects of treatment and mirror the views of the culture that constructed them, just as the treatments themselves illustrate social concepts. Anthony D. King, editor of Buildings and Society, has

stated that the first construction of any new type of building indicates a society's "formal acknowledgement" that a specific social problem has been recognized and that an attempt is being made to resolve it. Regarding facilities like asylums in particular, architectural historian Travis C. McDonald, Jr., declares that a "hospital's most significant historical period lies in its founding."²

Although others of the state's mental institutions also have contributed to treatment of the insane, the four asylums described here typify the overall social and medical trends still shaping discussions of insanity: one institution is the first purpose-built insane asylum in the country, dating from a time before the American colonies had become a nation; the second is the site of drastic experimentation with surgical treatment of "idiocy"; the third, created swiftly during a time of crisis, may have seen its mission completed; the fourth, once reportedly the largest brick structure in Virginia, still serves a resident population of the insane. Together they represent the state's historic and ongoing efforts to cope with mental illness. If progress has been made, these old hospitals will provide evidence of that improvement.³

GOVERNOR FRANCIS FAUQUIER was "a man distinguished in mind and manner." Officially the colony's lieutenant governor, Fauquier served as acting governor from 1758 until his death in 1768 while two official governors remained in England, and his concern for "Ideots, Lunatics, and other Persons of unsound Minds" led him in 1760 to request that Virginia's House of Burgesses fund a refuge especially for the insane. Traditionally those who succumbed to madness had been cared for by their families or by local parishes. But numbers were growing, and lunacy increasingly exceeded family and civic resources. Communities became annoyed and even endangered by unbalanced persons turned loose to wander aimlessly. Lunatics who committed crimes generally were jailed, but by the 1760s, even harmless vagrants were being housed in jails. Fauquier's desire for specialized treatment of these unfortunates marked a turning point.⁴

Not until five years after Fauquier's death, however, did the novel institution he had proposed finally open its doors. With an appropriation of £1,200 for land and construction (later increased to £2,000), the Williamsburg asylum was situated on a four-acre plot at the southern edge of town and was a rectangular brick structure, one hundred feet long and approximately thirty-three feet wide, designed by well-known Philadelphia architect Robert Smith. The plan was that the asylum would house twenty-four persons, all of whom would either be deemed curable or, at the other extreme, would be considered dangerous to others as, in Fauquier's words, they otherwise would "wander about the Country, terrifying the Rest of their fellow Creatures." Travis McDonald notes distinctions between various types of hospitals being built in these early years: "Publicly controlled almshouse hospitals served paupers, criminals, the insane, orphans, and foundlings. In other words, all those who could not afford a physician's house call. Voluntary hospitals of a better nature differed from the almshouse hospitals by having a better staff [and] selected patients." Inside the structure, rooms or cells were approximately ten feet by eleven feet. Physical control of inmates appeared to be the primary concern; manacles in each cell were attached to the walls with chains; windows were recessed and barred, as were transoms. Although stoves located high on the walls, well out of reach, had been included in Smith's design, no stoves ever were purchased and cells offered no heat. A hallway extended down the center of each wing and there also was a central hallway, front to back, with quarters for the hospital's "keeper" and his family at the rear and a meeting room above that on the second floor. This center hall separated the two wings to which patients were assigned by gender; although freed slaves had been admitted from the

asylum's earliest days, separation of inmates by gender was strictly enforced since lunacy was considered a failure of intellect and a moral weakness, and mingling of the sexes was thought to be a dangerous distraction.⁵

According to one modern history, "Daily life in the public hospital during this period was often monotonous and grim idleness generally marked the day." Somewhat later, two outside areas enclosed by ten-foot walls were constructed at each end of the asylum to enable calmer, selected patients (separated by gender) to enjoy the benefits of fresh air, sunshine, and exercise. Admission to the hospital, however, still was based on diagnostic extremes: patients either seemed likely to recover or they needed to be removed completely from society, and a few years after the exercise yards were created, a pair of large underground cells were dug out below the asylum's main floor in order further to segregate dangerous manic inmates (those in "raving phrenzy") from their fellows.⁶

But slowly the prison-like atmosphere of these earliest years was being modified, reflecting developments in the surrounding culture. Like Governor Fauquier, the asylum's first doctor, John de Sequeyra, and its first "keeper," James Galt, were products of the Enlightenment, an era when scholars and politicians began considering society as the outcome of communal action and the shared responsibility of individuals rather than as the heritable domain of divinely appointed rulers. New emphasis was placed on education, science, and the use of reason to resolve problems, and the process worked both ways: if people failed to achieve moral responsibility for their behavior, society might then be faulted for not having provided them with sufficient guidance and support. Sluggish minds could be aroused through reading and study and diminished reason restored through gentle persuasion and care. Religion offered less hope of betterment than the pragmatic application of scientific method--given the right circumstances, troubled minds could once again become productive and happy minds.⁷

Of course the "help" that would promote such positive outcomes often involved procedures that sound brutal to our contemporary thinking, for it was thought that sometimes the break with unproductive habits must necessarily be forceful and abrupt. To this end, Galt and de Sequeyra applied treatments generally used in that era: cold baths, hot candles "cupped" to chest and back, leeching, and even "electrostatic shocking" that supposedly would jolt patients to reality. Solitary confinement (a Quaker philosophy) was considered calming and an opportunity for reflection that might lead to rational behavior. Gradually, however, more humane policies were beginning to replace these cruder treatments, as evidenced by expansion of the Williamsburg hospital, which soon acquired books and a chapel and offered training programs for some of the inmates: "To keep tractable patients busy, they were assigned to work in the yard or on the dairy and truck farm. Others made bookcases or carved canes." To administrators, the training programs appeared successful; in the hospital's first quarter century of operation, upwards of 20 percent of inmates supposedly had been restored to mental health.⁸

In 1792, in the middle of the French Revolution, Dr. Philippe Pinel became superintendent of Paris' La Bicetre asylum and at once introduced what he termed the "moral treatment" of his patients: formally abandoning the severe restrictions and often painful treatments of previous eras, Pinel engaged his charges in "rational conversation," treating them with respect and compassion. At almost the same time an English Quaker, William Tuke, described conditions at York Retreat, an institution in which patients treated with similar kindness and with supportive social engagement also were able to thrive. Sometimes also termed "moral management" or "moral therapy," this humanistic approach to lunacy

now had official terminology, and the impetus gently to redirect an insane person's disturbed thinking rapidly became popular across the ocean, reinforcing trends already begun and, spurred on by revelations of asylum abuses revealed by reformers like Dorothea Dix, supplanting the harsh and degrading conditions previously common. Gone were the chains, the bare floors, and thin mattresses, replaced by beds and area rugs and chairs. Politically, too, the impact of regicide and the Reign of Terror in France and the persistent madness of England's King George III helped to convince doctors to search out emotional factors influencing insanity, and they came to believe even more fully that the isolation and harsh, dramatic procedures previously intended to startle patients back to reality instead heightened patients' fears and made these sufferers less willing to alter their behaviors. A century later, Dr. Robert Preston, serving as the second superintendent of the asylum in Marion, summarized moral treatment philosophy in the scientific terminology of the late nineteenth century: "As no two particles of matter can occupy the same spot, so the mind cannot harbor two strong ideas at once. Therefore, sane ideas must supplant insane ones."⁹

By the early nineteenth century the Williamsburg asylum was becoming overcrowded. More women were being committed, and a new section for the additional females was needed; the asylum's roof was raised to accommodate another floor; by mid-century, the 1773 asylum, built for twenty-four patients, had become seven separate structures housing almost 300 patients. Maintaining complete gender separation had become virtually impossible.¹⁰

Throughout this early history, the asylum continued to have able administrators, many of them from the same family. James Galt, the hospital's first "keeper," died in 1800; he was succeeded by two other Gaits as superintendents and another pair of Gaits who succeeded de Sequeyra as Visiting Physician, and then, in 1841, by his twenty-two-year-old great-grandson, the thoughtful and innovative John Minson Galt II. Despite his youth, John Galt had earned a medical degree from the University of Pennsylvania, was widely read and fluent in at least five languages, had authored a medical text, and had become one of thirteen founders of an asylum superintendents' group that eventually became the American Psychiatric Association. He was a man highly capable of acting to effect his goals. In 1846, Galt gained legislative approval to admit slaves to the asylum in addition to the freed slaves admitted since the hospital's founding. He pioneered the use of reading as therapy for his patients, for lending books exemplifies "the law of kindness" toward afflicted persons, keeps them "contented and occupied" and therefore "more manageable" as well as distracting them from "their morbid ideas." He prescribed laudanum to calm inmates' distress and to relieve pain. Personal freedom and greater human contact--both key tenets of moral management--replaced the isolation and gender separation of earlier eras, and, by allowing recovering patients to walk around town and even to visit him in his home, Galt strove to remove some of the stigma of insanity."

Historian David Rothman summarizes Galt's humanitarian philosophy: "The institution would arrange and administer a disciplined routine that would curb uncontrolled impulses without cruelty or unnecessary punishment. It would create fixity and stability to compensate for the irregularities of society. Thus it would rehabilitate the casualties of the system. It would enclose a new world."¹²

John Minson Galt's leadership also brought significant additions and improvements to the hospital and its surroundings. A library (the first in a public psychiatric hospital), a well, a smokehouse, a bakery, and a storehouse for the straw required in mattresses were mentioned within the first few years of Galt's

administration. Subsequent improvements included a bathhouse, storage sheds, a small house for the matron in charge of female inmates, gardens, and covered walkways for the patients' exercise.¹³

Galt was a staunch supporter of the Confederacy, and, despite his compassion for his patients, it is likely that black inmates were "not treated as well as white patients [though] they were not completely separate," according to author Shomer Zwelling. Nevertheless, Galt struggled to shield the asylum from the impacts of the Civil War and to protect all his charges from Union general George B. McClellan's approaching forces as they invaded Virginia in 1862.¹⁴

The Union army succeeded in taking Williamsburg, however. When soldiers reached the asylum, they surrounded it and, having placed a military doctor in charge, prevented Dr. Galt from entering the gates. Within two weeks, Galt was dead. Rumors abounded. He had succumbed to grief, said some. Others declared that he had suffered a heart attack, though he was only forty-two years old. Still others maintained that he had taken laudanum. His death marked the end of the Galt family's long reign over this first American insane asylum.¹⁵

During Reconstruction the Williamsburg hospital, now renamed Eastern Lunatic Asylum, continued to experience rapid growth, and, as a result, much-diminished emphasis on individualized treatment and cure. According to Shomer Zwelling, "'Custodial care' reigned and the Hospital became an institution where patients were admitted with very little hope for recovery or chance of release." The asylum survived a serious fire in 1876 but then, in 1885, a more serious fire, originating in some electrical work, completely destroyed the entire facility. Then-superintendent James Moncure noted a short circuit as he was working in his office on the night of 7 June, and shortly afterward heard someone call "Fire!" By then the roof of the main building was in flames; by the time the fire was extinguished, six buildings had been destroyed and three female patients had died.¹⁶

Rising from the rubble, the asylum was reconstructed next to the ashes of the original buildings and continued to grow, housing 447 patients by the end of the century, but the innovative years of the Galt administrations were over. Successive superintendents squabbled with the organization's directors, were fired, or saw their mission as simply "to provide a comfortable environment for the mentally ill, separate from society." Staff turnover was high, largely because conditions were harsh, even for that era, and pay was meager; nurses earned about \$30 a month in the late 1880s and were expected to work eleven hours daily except on Sundays, when they were permitted two hours of freedom at midday.¹⁷

For another fifty-two years the hospital continued housing the insane in that same location, but at last in 1937, the facility having outgrown its quarters yet again, the entire asylum with its 2,000 patients and 183 staff members was relocated out of town to 102 acres at Dunbar Farms, on the west side of town, where it remains; eventually the original site was razed and the debris plowed under.¹⁸

Unlike Jamestown, however, Williamsburg never became "lost." The College of William and Mary, the insane asylum, the railroad, and the town's status as a market town ensured that Williamsburg continued to experience moderate prosperity. In the 1920s, John D. Rockefeller, Jr., became convinced that restoring the town to its original appearance was feasible and that reconstruction would create a significant site for later generations wishing to understand the nation's early history, and after several decades of careful archaeological research, Williamsburg has re-emerged as it appeared in the days

when it was Virginia's capital city. Last of all the structures to be rebuilt has been Governor Fauquier's Public Hospital "for these miserable Objects, who cannot help themselves." Completed in 1985, the painstakingly replicated structure is at once "the most historic (it was the first) and the least historic" (the newest) of Virginia's lunatic asylums. The reconstructed asylum is now a museum containing exhibitions illustrating medical treatments in vogue at different times for treating the insane, six sample cells showing what conditions were like in bygone eras, and a display of artifacts that survived the 1885 fire. An audiovisual program explains the hospital's history.¹⁹

EARLY ADVICE to PERSONS designing and constructing Virginia's public buildings: "as 'order is the same price with confusion' they should plan ordered towns."²⁰

In 1825, as Jefferson was realizing the formal dream of his university, planners in Virginia's western mountains were following this counsel as they envisioned a very different but equally ordered campus designed to house the insane. The Williamsburg asylum had become severely overcrowded. Moral management theories required more space, more staffers and doctors, greater comfort and room for recreation than had previous treatments that focused less on socialization and intellectual stimulation. At the same time, the state's population was expanding westward; travel by road and by rail was easier; cities were growing. Staunton was exactly the "tranquil, pastoral environment" necessary for healing the mentally afflicted.²¹

Early in 1825, the General Assembly appointed a commission of local citizens with authorization to spend \$600 for land near Staunton on which to construct a new asylum, and the commission promptly purchased four hilltop acres with views of the surrounding Augusta County countryside and "a never failing stream of pure water." A respected Baltimore architect, William F. Small, Jr., was hired along with a mason, two experienced carpenters, and John Hannon, another carpenter who was to be responsible for creating a dome on the principal building.²²

For this was to be a grand and imposing set of structures, situated and designed with an eye to providing afflicted persons with beautiful surroundings. Applying moral management meant that the insane would neither be isolated nor, if possible, restrained; instead, they would be granted every opportunity to recover peace of mind through meaningful work in a supportive setting. The result was a complex of gracious buildings and planned walks and gardens that has been termed "one of Virginia's architectural treasures":

In addition to terraced gardens, where patients were encouraged to plant flowers and take long walks, some of the buildings had elaborate roof walks to provide mountain views. Inside, details like aligning the iron bars on the windows with the mullions, the installation of a beautiful spiral staircase ascending toward a domed cupola, and the elegant molding and glass work around doors and windows were meant to create an atmosphere of elegance and beauty that would aid in the healing process.²³

Six major structures were completed over the next few decades: an administrative building with wards for patients in the wings, a dining hall and kitchen topped with a Gothic chapel, quarters for staffers and medical personnel, a library, additional wards for men and for women containing rooms for constructive labor and for socializing. By far the most elaborate of these structures was the administration building: "The central portion is a three-story, deck-in-hip roof structure surmounted by an octagonal cupola surrounded by a sheaf-of-wheat balustrade. [The building extends] a length of 225, 38 feet deep with

projecting wings of 75 feet. The facade of the central section and the two-story end pavilions are distinguished by tetrastyle Greek Ionic porticoes added in 1847." Examination of John Hannon's dome indicates that it was constructed in the same manner as that used at Monticello.²⁴

Western State Lunatic Asylum opened its doors in July 1828, and the first patient arrived that day, a teacher suffering from "hard study." The next day the first female patient arrived, afflicted with "Religious Excitement." The hospital was off to a busy start.²⁵

And that same year, a remarkable superintendent was appointed to head the asylum. Like John Galt in Williamsburg, the Staunton facility's new chief was a young doctor. Despite being only twenty-six years old, Dr. Francis T. Stribling was well-trained in medicine and was an ardent believer in moral management; his "contribution to the treatment of the insane in antebellum Virginia cannot be overstated," according to a review of Alice Davis Wood's biography of Dorothea Dix and Francis Stribling. Again like Galt, Stribling was to become a co-founder of the American Psychiatric Association.²⁶

By 1839, the asylum administration could report that "everything like violence and coercion has been abandoned at Western Lunatic Asylum, and the mildest and most soothing parental conduct has been substituted in its stead." Inmates led a structured existence:

Patients would arise early for medications and breakfast. At this time the asylum doctor made rounds to check on all the patients and make appropriate adjustments as needed. After breakfast all patients would engage in activities of various sorts to not be idle. All able patients were to take at least one 20 min. walk on the hospital grounds. The hospital provided games, a library, and even a gym. Dr. Francis Stribling believed in the value of work to avoid making the mind idle. It was considered therapeutic but was not forced onto the patients.²⁷

For male patients, much of the therapeutic work assigned included actual construction of hospital buildings. By 1851 the building containing the chapel as well as the new kitchen and dining hall had been completed, and the annual report that year included a description of the chapel and a visit to it by President Millard Fillmore:

The chapel is so far completed as that it has been in use about four months. It is a beautiful and comfortable room, with capacity to seat conveniently at least some three hundred and fifty persons. The seats are neat and pleasant, and the windows, being Gothic, are glazed above the square with stained glass and occupied below with painted shades, each representing a different scene of scripture history and thus add much to the interest which is felt in the services. The frescoes and graining of the chapel, the pulpit, seats, stained glass, window shades, &c. were paid for from this fund [raised by the inmates themselves] and cost about \$900. We were honored not long since on a Sabbath afternoon with a visit from the president of the United States. It was the first occasion on which Mr. Fillmore had ever witnessed a congregation of insane persons assembled for the purpose of divine worship; and such was the character of the scene that [he] could but be astounded at the order and decorum which prevailed as well as be deeply affected by the solemn reverence exhibited.²⁸

But despite the efforts of administrators and staff, moral management practices could not cope with the growing numbers of those certified as insane. "The success of moral therapy depended upon the

relationship between the superintendent and the patient. In order for this to flourish, it was necessary to have the correct sort of personal magnetism in the superintendent and a sufficiently small number of patients." But the chaotic years of the Civil War, the waves of new immigrants, and an increasingly urban society all contributed to the disruption of traditional standards and to the growth of personal uncertainty and confusion; facilities to care for those unable to care for themselves again became overburdened and individualized treatment plans became impossible to administer. The nation's population had been 31.4 million when the Civil War began, and approximately 8,500 persons had been confined in mental hospitals at that time. Thirty years later in 1890, the national population had reached sixty-three million, slightly more than twice the 1860 figure, and the population in America's 140 lunatic asylums had ballooned to 75,000--nearly nine times the 1860 figure. One exhausted superintendent complained, "I cannot sufficiently keep myself acquainted with the various departments to act understandingly."²⁹

In fact, optimism inevitably waned as cure rates fell. Graham Bowry and Ciorstan Smark note that when moral management treatments initially were introduced, "[s]ome rather extravagant claims were made early on. As tends to happen to true believers, their zeal for their own cause overcame their respect for truth, and they oversold their case by inflating their rates of cure." These authors explain that "[t]he cure rate was calculated by dividing the number of patients released by the total number of patients. Once the total number of chronic (incurable) patients began to build up cure rates naturally decreased."³⁰

In 1888 a new doctor joined the staff at Western Lunatic Asylum. Dr. Joseph S. Dejarnette was in the forefront of a different approach to mental illness. He was twenty-two years old when he arrived fresh from medical school, and he very possibly was appalled by the sights and sounds and smells of an overcrowded sixty-year-old set of buildings housing great numbers of tormented persons whose prospects may well have appeared hopeless. By the time Dejarnette had been made superintendent of the asylum in 1906, he had become a dedicated proponent of eugenics, the movement that promoted involuntary sterilization of the "unfit" in order to create "the highest type of physical, intellectual and moral man within the limits of human protoplasm."³¹

Respect for the individual was interpreted differently a century ago. Eventually eugenics became a disgraced philosophy, largely because its principles were taken up so vigorously in Nazi Germany and additionally because many persons who were sterilized in the first half of the twentieth century were later determined not to be "unfit" in any inheritable way, and it came to be seen that their personal rights had been infringed upon. Nevertheless, early believers in this philosophy thought of themselves as humanitarians. And although eugenics "is widely reviled today it was once endorsed not only by totalitarian leaders but by American liberals," notes Michael Specter in a New Yorker article on genetic innovation. Initially, Dejarnette actually had been "heralded as a caring administrator and friend to the less fortunate." Two Montgomery County officials present during the early days of the state's sterilization programs expressed enthusiasm for those efforts. "If you've seen as much suffering and depravity as I have, you can only hope and pray no one ever goes through something like that. We had to stop it at the root," explained a former county Welfare Director. The county's former supervisor agreed: "People as a whole were very much in favor of what was going on."³²

Western Lunatic Asylum was renamed Western State Hospital in 1894. Under Dejarnette's thirty-seven-year leadership, from 1906 to 1943, the hospital became a center of eugenics operations, probably even

before Virginia's Racial Integrity Law was passed in 1924--in fact, Dr. Albert Priddy, formerly the third superintendent of Marion's mental hospital, performed his first involuntary sterilization in 1916. Before the state's sterilizations finally ended in 1979, somewhere between 7,300 and 8,300 Virginians had undergone this procedure.³³

In 1932, Dejarnette opened an imposing new facility down the road from the original asylum campus. Known as the Dejarnette Sanitarium and later as Dejarnette Children's Hospital, the eponymous four-story brick structure was built to impress. A long flight of steps led to a two-story classically inspired portico with Ionic columns. Again, state hospital inmates performed much of the carpentry and brick-making as part of their work therapy, but the sanitarium actually was a semi-private facility, sometimes termed a spa, for troubled or addicted persons who were not indigent.

Yet as the twentieth century continued, other medical and social developments were impacting ideas about insanity. Imposing, elegant facilities had not reduced the growing number of people needing care. This number had more than doubled between 1910, when it stood at nearly 188,000, and 1939, when it reached 425,000. Now it was thought that where moral management had proven ineffective, physical correctives could work, and thus mental hospitals not only sterilized patients but also applied such procedures as insulin shock, electroconvulsive therapy, and lobotomy. Such drastic interventions often produced dramatic results; patients could be termed cured and could be released at a faster rate; enormous and costly asylums could become smaller.³⁴

Additionally, after World War II, new medicines became available, and treatments of insanity shifted yet again, from the physical to the chemical. Instead of severing nerve connections in the prefrontal cortex (lobotomy), doctors could now prescribe tranquilizers and, later, antidepressants. Non-hospital community resources, such as counseling, social interventions, and group homes, could provide support for persons transitioning from institutional care. This trend continues to the present.

In 1970, Virginia's Department of Mental Health and Mental Retardation moved out of the historic Western State buildings and constructed a more modern facility on level ground nearby. The new complex featured rectangular low brick buildings, ease of access, and plentiful parking; it made no attempt at architectural distinction. In turn, the abandoned campus became a medium security prison in 1982, the Staunton Correctional Center. Interior spaces were converted into isolation cells. Walkways, fountains, gazebos, and gardens were unused and left to decay. Doors and windows were bricked up and porches encased in metal netting. And then, in 2003, the Correctional Center also was abandoned. The property, which had expanded over the years to encompass eighty acres, was empty. Down the road, Dejarnette's massive sanitarium also was empty.³⁵

But the saga of the original Western Lunatic Asylum was not yet finished. The entire site now was listed on the National Register of Historic Places. And as the city of Staunton had grown, the 175-year-old hospital and its grounds were now right at the edge of downtown. In July 2007, a developer purchased the entire complex and announced plans to create a self-contained community within the city "with multiple and integrated uses," complete with condominiums, office buildings, and a hotel and spa. Work is proceeding with great care and attention to restoring original details of both structures and setting; publicity material for "The Villages at Staunton" describes "gently sloping hills and a creek bordered by weeping willows" and terms the site "a remarkable collection of buildings [r]anging from Federal

Greek Revival to Colonial revival buildings designed to complement the historic setting." But unlike the Williamsburg asylum, lovingly reconstructed as a reminder of an enlightened colonial past, the great Staunton hospital complex evokes memories clouded by shame for procedures now discredited. The developers' literature acknowledges that this remarkable campus was "built in the early 1800s as the Western State Hospital," but nothing further is stated about the buildings' history or function, and the word "lunatic" appears nowhere in the brochure.³⁶

If TRAVIS McDONALD is correct that a "hospital's most significant historical period lies in its founding," then Central State Lunatic Asylum for Colored Insane was destined for a troubled and chaotic existence from the very start. No grand psychological or social theory nor lofty architecture signaled its inception. Instead, the "world's first African American psychiatric hospital" was established in 1868 during the desperate years immediately following the Civil War, its urgent mission to provide support and care for a population whose lives had been totally disrupted.³⁷

In *The Devil's Dictionary*, his sardonic analysis of that era, author Ambrose Bierce defined "Negro" as "The piece de resistance in the American political problem." Bierce, described by the *Atlanta Constitution* as "The only American writer of any stature to fight in and survive the Civil War," was no abolitionist despite having served as an officer in the Union Army. Yet among the complex causes of the Civil War, the fate of America's slaves and the way of life that they enabled did emerge as primal rationales for the war and its lengthy aftermath. And it might reasonably be argued that when Abraham Lincoln's Emancipation Proclamation at last was issued on 1 January 1863, those who were to suffer most severely from its terms were the very people whose freedom had just been announced.³⁸

In the North as well as in the South, powerful doubts about emancipation remained clear even as its implementation proved confused and fragmentary. In the South, Lincoln's words generally were supplemented by qualifications issued by local military officials, typified by the version presented to the congregation of St. Philips Moravian (African American) Church on Sunday, 21 May 1863, in Salem, North Carolina: "It is recommended to the former owners of the freedmen to employ them as hired servants at reasonable wages, and it is recommended to the freedmen that when allowed to do so they remain with their former masters and labor faithfully or that they immediately seek employment elsewhere in the kind of work to which they are accustomed. It will not be well for them to congregate about towns or military camps. They will not be supported in idleness."³⁹

Despite these cautions, which one congregant termed "good advice," emancipation did not go smoothly. A plaintive letter written on 11 September 1865 to a Freedmen's Bureau Commissioner in Kentucky, reveals that chaos continued to prevail more than two years later:

Near, perhaps quite, one half of the former Slaves in Ky. have left their homes and are wandering about the Country. Not a few of them have been driven off by their masters-- A still larger number have left their masters and resolutely refuse ever to return. In the one case and in the other the owner forbids any one to hire a negro thus at large--tho' they are by no means able to keep them at work for them. The negro, as a general thing, is not only willing but anxious to obtain work provided he will receive compensation. But he absolutely refuses to labor and allow his would-be master receive the proceeds. The inevitable result of this is, that they pillage the Country for something to eat. Robberies

[sic] are frequent. If this is apparent now when the earth is loaded with her spontaneous fruits, what will it be when winter shall find them unprovided with the necessities of life?

In the following year, conditions deteriorated even further when outbreaks of smallpox and cholera erupted in the deep South.⁴⁰

It is little wonder, then, that the complexities of "freedom," thrust upon a population that was hungry and impoverished, mostly illiterate, untrained in marketable skills, whose former masters were often destitute and whose former homes lay frequently in ruins, drove many of these newly emancipated people to despair.

Therefore, when Central State Lunatic Asylum for Colored Insane was established in 1868, initially there was no construction at all; a former hospital and barracks for Confederate soldiers, Floward's Grove Hospital near Petersburg, was hastily cleaned up and readied for an influx of former slaves who had no place to go and no one to care for them. Unlike Virginia's other new asylums, whose beds filled rather gradually once their doors had been opened, Central State was inundated with patients from the very beginning. Howard's Grove had been expected to provide only limited and temporary accommodations, but within a few weeks the new facility was caring for more than 200 people sent from jails, hospitals, and ruined cities across Virginia, including all forty African American patients from Williamsburg; records show that the asylum had an immediate population of "123 insane persons and 100 paupers, not insane." By 1882, a nearby farm had been purchased for \$15,000, and the asylum's patients, now numbering 373, were transferred from the old hospital building. But not until 1885 did Central State have a new building specifically designed for treating its needy patients. The ideas of Tuke and Pinel and of the American Thomas Kirkbride were at the peak of their popularity in the late nineteenth century, and this new structure, though architecturally modest (as all the buildings at Central State have been throughout its 145-year history), was designed to reflect the "moral management" approach to care of the insane, having large, airy wards in wings attached to a central administration building, a plan expanded in the next seven years to include two separate structures (the East and West Buildings) for "more severe cases."⁴¹

Even though the hospital, now officially renamed Central State Hospital, had been designed according to moral management precepts, it must almost have seemed that any helpless African American in Virginia might at some point be referred to this Petersburg facility. And the pool of potential patients was swollen by diagnoses based on ailments considered unique to African Americans, such as "Negritude," a problem which, according to the esteemed Dr. Benjamin Rush, was a type of leprosy curable only by becoming white-skinned, and "Drapetomania," a term coined in 1851 by Dr. Samuel Cartwright to describe the symptoms (sullenness, laziness) causing slaves to run away. Cartwright also defined "Dysaesthesia Aethiopica," another African American mental illness that could more simply be labeled "rascality." Other less specific conditions prompting commitment included sicknesses, such as typhoid fever and epilepsy; marriage; masturbation; and, tellingly, emancipation. Eventually facilities were built at Central State for geriatric, suicidal, and tubercular patients, the criminally insane, and the feeble-minded, yet all this construction could not keep pace with the need. By the time Central State was integrated in 1964, the hospital's population stood at 4,800 patients; the East Building, constructed in 1890, housed 300 patients in a single large room, and the facility's security chief declared that for a long time Central State probably had been merely "a dumping ground for society's outcasts."⁴²

In 1904, during one of the asylum's periodic expansions, a chapel was constructed. It was a straightforward and functional space, intended as a place for meetings and amusements as well as for religious services. Designed by the asylum's current director rather than by an architect, the chapel was eighty feet by twenty and featured a belfry, a vestibule, a gallery with built-in seating, and several Gothic Revival touches, such as arched doors and windows. Materials used were simple--the walls were whitewashed and the windows, rather than being of stained glass, were painted in bright colors--but the chapel at once proved popular, and its utilitarian and adaptable design meant that it effectively could serve all intended functions and accommodate a good many people. Dances took place in the chapel, as well as jazz festivals, and programs for both patients and staff; nurses and attendants completing the asylum's training programs received their certificates at ceremonies in the chapel; and recreational activities, such as Bible classes, kept the facility in use on weekdays. The chapel is the only structure on the asylum campus to be listed on the National Register of Historic Places.⁴³

But as the asylum's population grew and grew, the little chapel could no longer serve its intended purposes. By the 1950s, Sunday services had to be held outdoors in good weather; some 2,400 people sometimes attended these services, and the asylum's annual report in 1956 included an urgent request for a "new Church or Chapel seating 1000." Although repairs were made frequently to the original structure, it was now useful only for choir practice and for smaller prayer meetings and Bible study, and by 1964 the building had been "closed and allowed to fall into disrepair."⁴⁴

For a good part of its history, however, like the hospitals in Williamsburg and Staunton, the Petersburg asylum benefited by having a dedicated, energetic, and humane superintendent, professionally capable and devoted to providing the best and most careful treatment to his patients. Like Doctors Galt and Stribling before him, Dr. William Francis Drewry was both a scientist and an effective administrator, respected by his peers and admired by those who worked for him. "He possessed an unhurried logical mind, reaching his conclusions by one firm step after another. He was almost free from prejudices; he was judicial and merciful," wrote Beverly Tucker after Drewry's death in 1934, adding that he was always "courteous" and possessed "the kindest heart." A prolific author--he wrote some twenty-eight books and articles--Drewry was a graduate of Randolph-Macon College and the Medical College of Virginia and came to Central State as a psychiatrist and assistant physician in 1886. Ten years later, the hospital board unanimously elected him superintendent, a post he held until 1924. It was Drewry who planned the hospital's chapel and who personally "drafted detailed design, material, and site specifications" for it, including "notes on the foundation, brick-work, wood work, stone work, iron work, and slating the type of brick, color, and mortar as well as the size of joists, rafters, and door and window frames."⁴⁵

Drewry himself also provided meticulous detail about the status and functioning of the asylum in the careful annual reports submitted to the hospital board during his long tenure. On 1 October 1901, for example, there were no debts, and the facility had a bank balance of \$4,395.97. Farming operations that year had not only provided "excellent vegetables" to staff and patients but also an excess of produce that, when sold, had helped create a gross income of \$7,282.62. As for patient care, Drewry emphasized that medical restraints had been forbidden, that "recreation [had been] provided almost daily," and that "the unfortunates under our care have been humanely treated no serious accident or casualty has happened to person or property [the records show] 868 patients on Oct. 1, 1900--327 added (1,195), 89 died, 111 discharged, 10 'not insane' sent home and one male criminal escaped."⁴⁶

During this interval, the asylum also underwent several expansions and improvements besides the chapel, including addition of a fish house, a carpenter shop, a "cellar for plumbers and engineers," and remodeled bathrooms. Under Drewry's leadership, the asylum also refined the careful categorization and separation of afflicted patients into wards based on specific diagnoses--epilepsy, tuberculosis, dementia, criminal behavior, suicidal tendencies, for example. Some 160 "chronic females" were provided their own building in 1915; chronic males also gained new housing at about the same time, but Dr. Drewry's retirement in 1924 did not slow the rate of admissions; inexorably, growth continued, and successive superintendents attempted vainly to keep pace with increased need. In 1929, a new building was put up for delinquent and feeble-minded girls, and the next year a 100-bed hospital was constructed, complete with surgical and dental facilities, labs, a lecture hall, X-ray machines, and rooms for providing drug therapy. In the 1950s, a maximum security forensic facility was built as well as housing for geriatric patients. Yet half a century after Drewry had reported a patient population of just under 1,200, Central State was caring for nearly five times that number.⁴⁷

Throughout all these years-- indeed, from the start--officials and staff continued to attempt a moral management approach to their growing caseloads. And yet there seemed to be a difference in the application of these personalized treatments. There were fresh vegetables and jazz concerts, but an underlying condescension tinged the attitude of hospital authorities. Describing his "observation and examination of the patients who come to us," one unnamed Central State superintendent wrote, "In many, inherent mental incapacity and constitutional inferiority furnish as a basis of mental disease." Another anonymous early superintendent reported on the facility's work program (physical work having been prescribed from the start of the asylum movement as a healthful alternative to inactivity) in words at odds with similar statements made by his peers: "Most of this work is voluntary; those who are physically able, and whose mental condition will be improved by manual labor, are forced to go out with the work parties, if only for the sake of sunshine and change from the ward to the field. All who work willingly are given tobacco and something extra at meals. Manual labor is the normal and only employment of this class of our insane." This same superintendent then added a seemingly bemused observation: "Some involuntary laborers, encouraged thereto by their friends object to work, on the ground of it reducing them to their former slave state and object, logically, that if well enough to work, they are well enough to be discharged."⁴⁸

According to a guide to the records of the hospital, "In later years (the mid-twentieth century), the burgeoning patient population at Central State began to outgrow all the additions and improvements made over the preceding decades." Not until passage of the Civil Rights Act in 1964 did the hospital experience some relief. This landmark ruling, coupled with the nationwide impetus to de-institutionalize the insane, freed Central State from the burden of being an African American's sole option for care and treatment of mental disorders. "By the early 1990s the racial make-up of the institution was split almost evenly between whites and blacks," and the temptation to make sweeping social judgments based on racial assumptions had passed.⁴⁹

But the chaos marking Central State's desperate beginnings has not entirely disappeared. The original structures have all disappeared or, like the farm purchased in 1882, been sold. Even the vanished 1904 chapel was listed on the National Register of Historic Places only because of "its importance in ethnic history. The chief problem for the hospital more recently has been not space but staffing. Sprawling across eastern Dinwiddie County, the hospitals many H-shaped and octothorp (hashmark)-shaped

buildings became an unwieldy campus to maintain, and in 1997 the facility was subjected to an investigation by the U.S. Department of Justice for abuses defined under terms of the Civil Rights of Institutionalized Persons Act (CRIPA). In a letter to Virginia's then-governor George Allen, the investigators noted "a high level of injuries and dangerous situations" as a result of "an insufficient number of adequately trained professional and direct care staff." Under these circumstances, record-keeping was haphazard and diagnoses often vague and superficial; there was "a lack of cogent treatment planning and an over-reliance on restrictive intervention," especially in treating adolescents. Several deaths had recently occurred (prompting the federal investigation), one of which had happened on a weekend when "there is only one registered nurse on duty for an entire building of 176 patients." Inevitably adding to staffers' stress, the investigators faulted the hospital for requiring an "excessive rate of overtime."⁵⁰

Yet even as the CRIPA letter detailed failures at Central State, the investigating group praised the cooperation of hospital employees and expressed confidence that the required remedial measures would be taken. Despite this optimism, however, the asylum's continued role as a mental health facility appears in doubt. In 2012, when it still had 1,000 patients, the facility's administration was rumored to be planning a permanent shut-down within two years. Three years later, it housed fewer than 300 patients, all adults in its forensic unit. Few of the more than eighty structures on the hospital's grounds still serve their original functions: "Three other state agencies share our campus," explained a public relations official in 2015, "and we rent out some of our buildings as well." But no administrator would comment on the possibility of the hospital's closing, and morale among staffers was low.⁵¹

In 2010, Dr. King Davis, professor of African and African American Studies at the University of Texas at Austin, learned that some 800,000 archival records at Central State were about to be destroyed. "What a waste that would be!" he is said to have exclaimed. He immediately applied for a grant to salvage this trove of documents. Working with a team of anthropologists, sociologists, historians, and technical experts, Davis has supervised the digitizing of the Central State archive. One of his associates declared that their work has been "particularly important for the hospital as it transitions from its working hospital status to a historic site. " ⁵²

IN THE SUMMER OF 1809, Thomas Story Kirkbride was born into an established farm family of Pennsylvania Quakers whose ancestors had accompanied William Penn to the new world. A bright and studious young man but considered not strong enough physically for farming, Kirkbride began studying medicine at eighteen, planning to become a surgeon. Instead of the hoped-for residency in surgery, however, Kirkbride found himself, aged twenty-three, assigned to a Quaker insane asylum that practiced moral management treatments. In 1840, Dr. Kirkbride, now thirty-one, became superintendent of a new facility, the Pennsylvania Hospital for the Insane, and, like Galt and Stribling, he was a founding member of the group that became the American Psychiatric Association. Kirkbride remained at the Pennsylvania hospital for the rest of his life, developing over time his far-reaching philosophy that people's physical surroundings have a direct impact upon their mental states and, in particular, that the architecture and layout of an insane asylum would contribute directly to the curative power of treatments provided within its walls. This pivotal philosophy--which greatly expanded moral management ideas of useful occupation, structured activities, and pleasant surroundings--became known as the Kirkbride plan. Kirkbride-inspired asylums became the dominant design of mental hospitals for the next hundred years.⁵³

The Kirkbride Plan called for constructing spacious buildings in the shape of a staggered "V"; there should be an imposing central structure at the point of the "V," a focus to serve as an administration building that would impress and inspire. Radiating from this focus would be two angled wings, one for men and one for women, constructed so that each room would have ventilation from all four sides with access to sunshine and views of the outdoors. Prominent architects, such as H. H. Richardson, George Kessler, Samuel Sloan, and Ward P. Delano, and such landscape designers as Frederick Law Olmstead worked on many of these large structures that, beginning in the mid-nineteenth century, were established across the nation; by 1890, at least half of the nation's 140 asylums followed Kirkbride Plan principles.⁵⁴

Not all of Kirkbride's contemporaries agreed with his philosophy, however. Most notably, John Galt in Williamsburg had been much impressed by Pinel's success in allowing selected patients at La Bicetre to live on a farm near the asylum; Galt "envisaged the mentally ill living in supervised group homes, boarding with community members, or living independently." In an 1854 essay, Galt dismissed the idea of ever-larger and more imposing asylums and voiced his opinion that "the insane, generally, are susceptible of much more extended liberty than they are now allowed." Another dissenter was Dr. Harvey Black, a successor to Galt as superintendent in Williamsburg from 1876 to 1882 who, after studying Galt's papers, attempted to deinstitutionalize some of the asylum's 400 patients and was then fired by the hospital's directors.⁵⁵

Nevertheless, in 1887 when the Southwest Virginia Lunatic Asylum opened its doors in Marion, its architecture generally followed the Kirkbride formula. Strictly speaking, the hospital was not a true Kirkbride design; although it had a grand, four-story administration building topped by a brick clock tower 118 feet high and "radiating three-story wings," there were three wings, not two, and they did not actually "radiate" from the pivot but, rather, extended parallel to each other from extensions at right angles to the central structure. From the air, the asylum's overall shape more closely resembled an "E" than a "V." Although the hospital has undergone extensive alterations and redesigns since the 1880s, it "remains today the most significant example in the region of a late nineteenth-century structure relating to the history of mental health in Virginia."⁵⁶

What forces had impelled construction of this gigantic building in a thinly populated corner of the state? The area's extreme isolation actually was part of the reason; by the middle 1880s "the serious need for a mental hospital in Southwest Virginia became apparent. The closest hospitals were those at Staunton and Williamsburg, and they were overcrowded." Competition to become the asylum site was fierce among the region's rural communities, but Marion voted a \$30,000 bond allowing purchase of a 199-acre farm and an additional four sources of spring water; the town's bid was accepted. Construction not only brought prosperity to the community but also engendered local pride as the impressive complex began to take shape on a hill above town. The Richmond Patriot and Herald reported that "The boom and clatter of wagons indicates that business is reviving. The builders of the asylum are employing a good force of hands."⁵⁷

In addition to being architecturally impressive, the new asylum also was to be modern and efficient. Architects Harry and Kenneth McDonald of Louisville, Kentucky, included both electricity and a centralized steam heating system in their design. Economies were effected by (as in Williamsburg and Staunton) making bricks on site and by constructing the facility in stages; at its official opening in 1887,

the asylum had room for 280 patients, but its capacity would be nearly three times that figure when the three long wings containing six patient wards were completed in 1896.⁵⁸

The first superintendent of this asylum was Dr. Harvey Black, who had been active from the start in planning the hospital and in negotiating in Richmond for its funding. Under his supervision, patients' lives in the Marion asylum were organized in much the same manner as the lives of inmates in Staunton under Stribling, although with greater emphasis on farming; the extensive grounds enabled this newest facility to grow all its own produce and even to sell some. Additionally, there was a dairy and a slaughter house; pigs and chickens were raised; an orchard was laid out. Black's first annual report to the state declared that the healthy diet offered to patients meant that several of them had "gained flesh and strength," "grown stout," and, in one woman's words, "fattened up some."⁵⁹

As the facility continued to expand, its most noticeable feature remained the Henderson administration building. In its first incarnation, before extensive remodeling in the 1930s, this structure presented an "Italianate" appearance with tall, symmetrical windows, elaborate brickwork, and a rotunda ringed with small round windows just behind the clock tower. But behind the Henderson building, besides its long wings, other structures were being built at a rapid pace. These additional buildings included a Farm House, containing a ward for forty or fifty patients; an ice house and a carpenter shop; a very narrow bowling alley, eighty-two feet by fourteen feet, near the hospital's east wing; a railroad switch, added in 1904, for direct delivery of coal and supplies; a cottage to house "harmless demented"; and a much larger building for the criminally insane. Tuberculosis had been a major threat in the early years of the century, but in 1913, the addition of a large new Tuberculin Cottage meant that within two years "the spread of the disease had been stopped."⁶⁰

As in the other three Virginia asylums, patients were provided with work, presented as a very desirable activity, and farm labor at the Marion asylum provided the added benefits of fresh air and exercise: by 1935, the asylum possessed some 1,200 acres, and the facility's annual report that year stated that "22,653 pounds of beef, 44,111 gallons of milk, 43,646 pounds of dressed pork, 4300 bushels of corn and 275 tons of hay had been produced."⁶¹

Entertainment, culture, and relaxation also were important aspects of moral management. The asylum had a library containing 5,000 magazines and nearly 4,000 books. Dances occurred every weekend and other diversions took place during the week (singing on Sundays, for example, and Bible studies on Tuesdays). Matinees at the local movie theater were provided without charge.⁶²

And there was significant contact between residents of the asylum and citizens of the surrounding community. Because of overcrowding, patients about to be released often were furloughed to live at home for a trial period. At one point, arrangements were made to exchange a three-year lease on twenty acres of farmland for inmate labor to help grade Marion's Main Street. Just as Galt had encouraged his more peaceable patients to walk the streets of Williamsburg and even to visit him at home, so successive superintendents of the Marion hospital permitted interaction between the asylum and the town. When the asylum's large new medical center was constructed in 1933, its first operation was a tonsillectomy performed on a seven-year-old local boy.⁶³

And one evening the novelist and essayist Sherwood Anderson, editor of both Marion newspapers, went for a stroll and met an unusual stranger who struck up an odd and fanciful conversation with him:

We had got down near Henry Staley's mill. There were clear places in the sky. I liked walking and talking with this man. His talk had playfulness in it. He had a fancy that reached out and played with flowers, kingdoms, stars, etc. We had got now to the foot of the hill that leads up to the State Insane Hospital. "I have to turn up here," he said. "I have a job up here."

"But what do you do up there?" I asked. "O, I take care of the stars," he explained. "I put them out in the evening and take them in again in the morning when the town is still asleep."

Bowing to me, the tall man walked off up the hospital hill.⁶⁴

Reminiscing more recently in 2012, David Helms, Mayor of Marion, recalled playing as a boy in the hospital gardens and watching the asylum's baseball teams compete against teams from local high schools.⁶⁵

Early in the 1930s, the main Henderson administration building underwent a dramatic transformation. The signature clock tower was crumbling after more than forty years of hilltop exposure; it needed to come down. Now that the approach to the main building was to be made impressive by installation of brick entrance piers and paving of the quarter-mile entrance road, Superintendent George Wright perhaps considered the original facade too plain. At any rate, an entirely new appearance was created by addition of a grand "Classical Revival portico" that, in combination with the newly revealed rotunda and other vestigial architectural elements, "contribute[s] a Byzantine flavor." The application form seeking the building's acceptance on the National Register of Historic Places describes the elaborate addition: "The facade (southwest elevation) is dominated by the 1930 two-story portico that extends across the entire front and around each corner of the central mass of the building. This portico is constructed of dressed Indiana limestone and brick. The Ionic arcade of the second level and Doric colonnade of the first level echo the nine bays of the front elevation, with the central entrance demarcated by flanking paired columns on each level." An article in the Marion Democrat expressed approval of the changes: "The new hospital, in enhancing the big plant on the hill, also means a lot to Marion and Smyth county."⁶⁶

When the asylum reached the half-century mark in 1937, a compilation of its achievements was presented to the state: "The institution's records showed that during the entire 50 years of operation, a total of 11,801 patients were admitted, and 3,484 or 31% of all admissions were admitted during the prior ten years. The facility consisted of six patient buildings which housed 1,200 patients and 140 employees. There was also an Administration Building, superintendent's residence, three physician's residences, a power plant, carpenter shop, horse barn, dairy barn, and seven other residences."⁶⁷

Inmate population has seesawed throughout the hospital's history. In all four historic institutions, the number of patients being served at any given time depended on a wide variety of factors, including available space, personnel, treatment options (the latter influenced in turn by social pressures, medical knowledge, psychiatric trends, finances, and custom). At the Marion facility, figures range from a high of 1,583 inmates in 1968 to a low of 151 (less than one-tenth the 1968 figure) in 2011. Previously there had been nearly as great a swing in the opposite direction, from 851 in 1921 to 1,140 in 1935, because of social and financial pressures and the use of physical treatments, such as insulin shock and lobotomy, that required a hospital setting.⁶⁸

Then in the mid-seventies the asylum population plummeted as costs of updating and maintaining the big Kirkbride hospitals rose and, at the same time, deinstitutionalization became the treatment of choice, removing the mentally ill from the vast hospitals and reintegrating them into society, their ailments controlled with help from social workers and an expanding range of medications. "Whatever its contradictory and tangled origins, deinstitutionalization had positive consequences for a large part of the nation's severely and persistently mentally ill population," states historian Gerald Grob, echoing John Galt's 1857 words that "A large number of the insane, instead of rusting out their lives in the confines of some vast asylum, should be placed in the neighboring community."⁶⁹

So in 1986, the three enormous wings giving the Henderson Building its "E" shape from the air were demolished. They were replaced with single-story wards attached to the rear and sides of the main building and grouped around small open courtyards enclosed by tall iron fencing. Geriatric patients now had their own area; adolescents already had been removed from wards in the main building, and responsibility for the criminally insane was transferred from the Department of Mental Health to the Department of Corrections, which constructed a modern enclosure ringed with razor wire to house adjudicated patients.⁷⁰

SO HAVE WE SIMPLY come full-circle, back to ideas and practices initially suggested more than 250 years ago? To some extent, the problems of the insane today do seem unchanged from those of earlier times. Jails are as clogged with the mentally ill as they were in pre-Revolutionary Williamsburg. Fear and stigma remain. Professional help for the mentally ill who lack money or family or work is still difficult to obtain, and 90 percent of suicides occur among the mentally disturbed.⁷¹

Of course there are positive aspects to reevaluating ideas first broached in the past. The "cottage" arrangement espoused by Pinel and Galt seems to be working effectively in the new, one-story wards at the Marion hospital. Medicines like laudanum may not be used currently to "curb phrenzy," but newer calming medicines do more than merely sedate users, and, according to a report from the National Institute of Mental Health (NIMH), "even for a chronic, disabling illness like schizophrenia, we have medications that predictably reduce most of the positive symptoms." Movements like "In Our Own Voice" (IOOV), dialectical behavior therapy (a "cognitive-based therapeutic program specifically designed to help those with borderline personality disorder"), National Alliance on Mental Illness (NAMI), and even Mad Pride ("a grassroots network of people with serious mental health conditions") emphasize the self-discipline, responsibility, and use of reason advocated during the early Enlightenment days of moral management.⁷²

Yet even when links to the past remain strong, the circle has not simply closed. There are new definitions (autism, for example) and the extension of older diagnoses, like PTSD, to new groups. NIMH is working to identify "vulnerability genes." Some ancient scourges once famously known to cause insanity, such as syphilis, have virtually been eliminated. There has been progress. There have even been breakthroughs.

But it remains a fact that a great many people daily must confront the terrible perils of madness. And thus the effort to help those struggling with insanity continues, for, as Gerald Grob points out, "The history of the care and treatment of the mentally ill resembles a seemingly endless journey between two extremes--confinement in a mental hospital versus living in a community." At the moment,

deinstitutionalization seems practical; at some future time, the trend may change yet again because madness is a thorny and persistent issue, a devastating problem for both the individual and for society, and the most sophisticated treatments have yet to resolve its inherent complexities. Even as he speaks approvingly of current programs, Grob also quotes the reformer Dorothea Dix who, 170 years ago, begged a Massachusetts legislature to heed the woes of the state's lunatics: "I come as the advocate of helpless, forgotten, insane and idiotic men and women," Dix declared: "of beings sunk to a condition from which the most unconcerned would start with real horror." And exemplifying that age-old concern for those among us attempting urgently to cope with everyday life, these four venerable Virginia institutions--Governor Fauquier's meticulously repurposed Williamsburg asylum, the carefully transformed hospital in Staunton, the struggling and transitional Petersburg facility, and the still-functioning Marion mental health institute--reflect the historic and ongoing reality of their efforts.⁷³

NOTES

Author's Note: Over centuries, many terms have been coined to identify and describe persons whose behaviors do not conform to social convention. Such words as "lunatic," "idiot," "imbecile," and "retarded" carry contemporary associations not always intended originally, and the tendency toward labeling a person rather than naming a condition is to be avoided. In this paper, however, the author, without meaning to offend, usually has used the simplest word available: thus the title is "A History of Madness: Four Venerable Virginia Lunatic Asylums" rather than "A History of Behavioral Disorders: Four Venerable Virginia Mental Health Facilities."

1. "A Most Curious Choice: The mystery surrounding the establishment of the Eastern State Hospital in Williamsburg," <http://www.resnet.wm.edu/~jjwack/history.html> (accessed 4 Apr. 2017).
2. Anthony D. King, ed., *Buildings and Society* (London, 1980), 13; Travis C. McDonald, Jr., *Design for Madness: An Architectural History of the Public Hospital in Williamsburg, Virginia* (Williamsburg, 1986), 72-73. McDonald served as the architectural historian supervising the "exciting yet arduous task" of researching and reconstructing the original hospital building as the capstone project of the recreated Williamsburg community (*ibid.*, 71).
3. R. E. Harrington, *Marion Landmarks* (Marion, 2004), 82.
4. Blair Niles, *The James: From Iron Gate to the Sea* (New York, 1945), 157.
5. "A Most Curious Choice"; McDonald, *Design for Madness*, 34--35, 88, 92; "First U.S. Insane Asylum: Oct 12, 1773," HealthCentral, <https://www.healthcentral.com/article/first%5Fu%5Fs%5Finsane%5Fasylum%5Foct%5F12%5F1773> (accessed 4 Apr. 2017). The first two persons admitted to the asylum were Zachariah Mallory and Catherine Harvey, both of whom arrived on 12 October 1773, less than a month after completion of the hospital building. Robert Smith, born in Scotland, had designed the President's house and Nassau Hall at Princeton University as well as University Hall at Brown University, but his fame rested chiefly on his "important contribution to the uniformly high quality and distinctive flavor of Philadelphia Georgian architecture" (T. J. Wertenbaker, quoted in "Robert Smith [1722-1777]," <http://www.philadelphiabuildings.org/pab/app/ar%5Fdisplay.cfm/100731> [accessed 4 Apr. 2017]). A central courtyard and fountain also were features of the hospital's symmetry and its strict division of the sexes, although occasional informal mingling around the fountain was reported. Oddly, considering the nearly rigid symmetry of the hospital's design, the architect of Monticello lumped Smith's plan for the Williamsburg asylum with the design of the Wren Building on the William and Mary campus,

- declaring both to be "rude misshapen piles" ("Public Hospital," Colonial Williamsburg, <http://history.org/almanack/places/hb/hbhos.cfm> [accessed 4 Apr. 2017]).
6. "Brief History of Eastern State Hospital and the Treatment of Mental Illness in America," Bipolar World, <http://bipolarworld.net/Bipolar%20Disorder/History/hist5.htm> (accessed 10 January 2014); "First U.S. Insane Asylum"; McDonald, *Design for Madness*, 72.
7. "Public Hospital."
8. Ibid; Parke Rouse, Jr., *Cows on the Campus: Williamsburg in Bygone Days* (Richmond, 1973), 37; James R. Coffey, "An Historical Look at Eastern State Hospital: America's First Insane Asylum," Wikinut, <https://guides.wikinut.com/An-Historical-Look-at-Eastern-State-Hospital:-America%20%a2%e2%82%ac%e2%84%a2s-First-Insane-Asylum/qlflynpp/> (accessed 4 Apr. 2017).
9. "Philippe Pinel," NNDB.com <http://www.nndb.com/people/262/0020664/> (accessed 16 May 2014); Thomas Bewley, *Madness to Mental Illness. A History of the Royal College of Psychiatrists*, Online archive 1, William Tuke (1732-1822), 1-3 (accessed 17 May 2014); "Public Hospital"; "First U.S. Insane Asylum"; "A Monarch's Insanity: The Madness of George III." <http://scheong.wordpress.com/2011/06/06/a-monarchs-madness-king-george-and-his-porphyria> (accessed 1 March 2014); Dr. Robert James Preston, quoted by Dr. Anthony Cavender, "Dr. Preston's Dream." Lecture at commemoration ceremony, Southwest Virginia Mental Health Institute (SWVMHI), Marion, 24 May 2012. George III had reigned in normal health for eighteen years when, in 1788, he began suffering hallucinations and painful physical problems (seizures, cramps, insomnia). Traditional physical treatments proved useless, but in 1789, counseling and a form of talk therapy were added to medical procedures, and the king regained sufficient health to continue reigning without serious incident until 1810, at which point he inexplicably relapsed into an unknowing state for the remaining decade of his life. Speaking at the turn of the twentieth century, Dr. Preston added that moral management successfully could treat both acute and chronic forms of lunacy, for "science cannot prove that lunacy is incurable."
10. "Public Hospital."
11. Rouse, *Cows on the Campus*, 39; "John Minson Galt II: A Short History," <http://www.oocities.org/sandy.kochersp/galt.html> (accessed 5 Apr. 2017); Philip J. Weimerskirch, "Benjamin Rush and John Minson Galt, II: Pioneers of Bibliotherapy in America," *Bulletin of the Medical Library Association* (1965): 517-18.
12. David Rothman, *The Discovery of the Asylum* (Boston, 1971), 133.
13. "Eastern State Hospital: America's First Psychiatric Hospital," <https://www.esh.dbhds.virginia.gov/History.html> (accessed 17 Apr. 2017); McDonald, *Design for Madness*, 38, 45.
14. Priscilla Hart, "The: An Interview with Shomer Zwelling," History News Network, George Washington University, <http://hnn.us/article/117164> (accessed 5 Apr. 2017).
15. Rouse, *Cows on the Campus*, 44.
16. Hart, "The Madhouse of Colonial Williamsburg"; "Public Hospital."
17. "Brief History of Eastern State Hospital and the Treatment of Mental Illness in America," Bipolar World, <http://bipolarworld.net/Bipolar%20Disorder/History/hist5.htm> (accessed 5 Apr. 2017); "Nurses' Duties 100 Years Ago," About the Ridges, <http://www.toddlerstime.com/advocacy/hospitals/Asylum/ridges-staff.htm> (accessed 4 Apr. 2017). A nurse in 1887 was advised to save 50 percent of her wages for her "declining years" and was cautioned that if she smoked, used liquor "in any form," had her hair styled in a beauty shop, or visited a dance hall, such behavior would

provide the nursing director with "good reason to suspect her worth, intention, and integrity." However, if she performed all her duties well, the nurse could expect that after five years she might receive a raise of a nickel a day, "provided there are no hospital debts outstanding" ("Nurses' Duties").

18. Hart, "The Madhouse of Colonial Williamsburg."

19. Michael Olmert, *Official Guide to Colonial Williamsburg* (Williamsburg, 1986), 16-17; "Eastern State Hospital, Virginia Historic Asylums," Rootsweb, <http://www.rootsweb.ancestry.com/~asylums/eastern%5Fva/> (accessed 5 Apr. 2017). Travis McDonald describes the meticulous process of recreating the building's original wooden shingles, which were approximately eighteen inches by four inches by half an inch thick: "Cypress logs ranging from 20" to 40" in diameter were first individually selected for suitable characteristics. After cutting the logs into 18" sections, the heartwood was then split into billets [and] further reduced by a froe and club into rough shakes. Each shake was then placed on a specially adapted shaving horse and tapered, planed, and rounded 2 to 4 people working for about a year produced over 30,000 shingles. For certain parts of the hipped roof each shingle had to be carefully cut with hatchets and planes (McDonald, *Design for Madness*, 81). Actual Eastern State Hospital inmates live out at Dunbar Farms.

20. William B. O'Neal, *Architecture in Virginia: An Official Guide to Four Centuries of Building in the Old Dominion* (New York, 1968), 17.

21. Elizabeth McNamara, "Institutional Change," *Preservation: The Magazine of the National Trust for Historic Preservation* 63 (January/February 2011): 59.

22. U.S. Department of the Interior: National Park Service, 1987, *National Register of Historic Places, Inventory-Nomination Form: "Western State Lunatic Asylum,"* 6.

23. David McNair, "Historic Treatment: Staunton Commits to Western State," *The Hook*, <http://www.readthehook.com/98359/architecture-historic-treatment-staunton-commits-westernstate> (accessed 5 Apr. 2017).

24. "Western State Lunatic Asylum," 1.

25. Virginia Department of Behavioral Health and Developmental Services, "Western State Hospital," <http://www.wsh.dbhds.virginia.gov/history.htm> (accessed 19 January 2014).

26. Cassandra Britt Farrell, review of Alice Davis Wood, *Dorothea Dix and Dr. Francis T. Stribling: An Intense Friendship: Letters, 1849-1874*, by Alice Davis Wood, *Virginia Libraries* 55 (January/February/March 2009): 32.

27. "Western State Lunatic Asylum"; Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatr Q* 80 (2009): 224.

28. "Western State Lunatic Asylum."

29. Graham D. Bowry and Ciorstan J. Smark, "Measurement and the Decline of Moral Therapy," in H. Yeatman, ed., *The SINet 2010* (Wollongong, Australia, 2010), 173, <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=2822&context=hbspapers> (accessed 5 Apr. 2017); Osborn, "From Beauty to Despair," 225-26.

30. Bowry and Smark, "Measurement and the Decline of Moral Therapy," 173-74.

31. Dr. Dejarnette composed a poem that he entitled "Mendel's Law" in praise of eugenics. He apparently was proud of this effort because he readily recited it on several occasions. Portions of the poem read as follows: "This is the law of Mendel / And often he maken it plain, / Defectives will breed defectives, / And the insane breed insane. / Why do we allow these people / To breed back to the monkey's nest, / To increase our country's burdens / When we should only breed the best? I Oh, you wise men take up the burden / And make this your loudest creed, / Sterilize the misfits promptly-- / All

not fit to breed!" ("Influence of Virginia's Eugenical Sterilization Act," *Eugenics: Three Generations, No Imbeciles: Virginia, Eugenics and Buck v. Bell*, <http://exhibits.hsl.virginia.edu/eugenics/4-influence/> [accessed 5 Apr.2017]). Interestingly, proponents of eugenics did not focus their efforts on persons suffering from known mental illnesses, like schizophrenia, but rather on persons considered feeble-minded, labeling them "as the most dangerous population to both the [mental] institution and 'a menace to society generally'" (Adam Metcalfe Reed, "Mental Health: Slavery, Madness, and State Violence in the United States" [Ph.D. diss., University of California at Santa Cruz, 2014], 9. One of Reed's thesis reviewers was Dr. Angela Y. Davis).

32. Michael Specter, "The Gene Factory," *The New Yorker*, 6 Jan. 2014, 40; "Influence of Virginia's Eugenical Sterilization Act"; "Sterilize the Misfits Promptly: Western State--Staunton, VA," *Valley of Ashes Unreal City*, <http://dirae.weebly.com/western-state-mental-institution.html> (accessed 5 Apr. 2017). The source of the 1912 quotation was Dr. H. E. Jordan, who became Dean of the Department of Medicine at the University of Virginia and author of *Eugenics: The Rearing of the Human Thoroughbred*. He was speaking in support of Virginia's proposed involuntary sterilization law, declaring emphatically, "It is not too much to say, I believe, that the idea of eugenics, based upon the science of eugenics, will work the greatest social revolution the world has yet known" ("Influence of Virginia's Eugenical Sterilization Act"). Sterilization was a quick and easy set of procedures, a vasectomy for a man and a salpingectomy (a cutting of the fallopian tubes) for a woman. Most people were unaware of what was being done to them, having been told simply that "this is for your good health." It is likely that a good many patients never did realize what the procedure had accomplished.

33. Dave Tabler, "A Better Race of Men?" *Appalachian History: Stories, Quotes and Anecdotes*, <http://www.appalachianhistory.net/2016/03/better-race-of-men.html> (accessed 5 Apr. 2017); "Eugenical Sterilization," *Buck v. Bell--Significance, Virginia Approaches Its Courts With A "Solution," Carrie Buck As A Test Case*, <http://law.jrank.org/pages/13291/Buck-v-Bell.html> (accessed 5 Apr. 2017); "Virginia," *Eugenics: Compulsory Sterilization in 50 American States*, <http://www.uvm.edu/~lkaelber/eugenics/VA/VA.html> (accessed 5 Apr. 2017). Referring to the defendants in the famous 1927 Carrie Buck trial, Dr. Priddy stated, "These people belong to the shiftless, ignorant, and worthless class of anti-social whites of the South."

34. Osborn, "From Beauty to Despair," 227-28.

35. "Western State Lunatic Asylum," 2, 7, 10, 17. Because an 1894 law had made asylum construction a state responsibility but costs of "patient episodes" a local obligation, the upkeep expenses of the big hospitals practicing moral management had placed substantial financial burdens on their communities (*ibid.*, 14).

36. "Villages at Staunton Site Plan," *The Villages at Staunton*, <http://villagesatstaunton.com/siteplan> (accessed 5 Apr. 2017).

37. McDonald, *Design for Madness, 72--75*, "Digital Archive to House 100 Years of Historical Documents from World's First Black Mental Institution: UT Scholar Tells Forgotten Story of African-American Psychiatric Patients," *Newswise*, <http://www.newswise.com/articles/digital-archive-to-house-100-years-of-historical-documents-from-world-s-first-black-mental-institution> (accessed 5 Apr. 2017).

38. Bierce had joined the army as a teenager, more to escape boredom than from political conviction, yet he became a sharp-eyed analyst of the war. Biographer Roy Morris describes how Bierce, having "persuaded myself that the darkies would not fight," subsequently witnessed an African American regiment in action and "watched the inexperienced black soldiers attack unhesitatingly through a jungle of felled trees in front of the rebel breastworks. 'Better fighting was never done,' he noted. 'They did not

hesitate a moment: their long lines swept into that fatal obstruction in perfect order. It was as pretty an example of courage and discipline as one could wish to see" (Roy Morris, Jr., Ambrose Bierce: *Alone in Bad Company* [New York, 1995], 96).

39. Document attached as a PDF file, sent via e-mail from Cheryl Harry, Director of African-American Programming, Old Salem Museum and Gardens, to Caroline Norris, 7 June 2015.

40. "Diary of the African Church in Salem, 1865," in Adelaide L. Fries, ed., *Records of the Moravians in North Carolina* (13 vols.; Raleigh, 1922-), 12: 6571-72; Ira Berliz, Steven F. Miller, Joseph P. Reidy, Leslie S. Rowland, eds., *Freedom: A Documentary History of Emancipation, 1861-1867: Series I, Volume II: The Wartime Genesis of Free Labor: The Upper South* (New York, 1993), 713-14; Jim Downs, *Sick From Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York, 2012), 153.

41. "Central State Hospital Comprehensive Plan on Recovery," [http://www.csh.dbhds.Virginia.gov/Documents/OIGPOC%5FCSH%20Recovery Plan.pdf](http://www.csh.dbhds.Virginia.gov/Documents/OIGPOC%5FCSH%20Recovery%20Plan.pdf) (accessed 5 Apr. 2017); "A Guide to the Records of Central State Hospital, 1874-1961," <http://ead.lib.Virginia.edu/vivaxtf/view?docId=lva/vi00940.xml> (accessed 5 Apr. 2017); Colby Eliades, "Mental Asylum Filled With History," *Trnwire*, <http://trnwire.org/2011/01/mental-asylum-filled-with-history/> (accessed 5 Apr. 2017).

42. "An Early History--African American Mental Health," *Race, HealthCare, and the Law*, University of Dayton School of Law, academic.udayton.edu/health/01status/mental01.htm (accessed 5 Apr. 2017); "Guide to the Records of Central State Hospital."

43. U.S. Department of the Interior: National Park Service, 2010, *National Register of Historic Places, Inventory-Nomination Form: "Central State Hospital,"* 8-10.

44. *Ibid.*, 10.

45. Beverly R. Tucker, "In Memoriam: William Francis Drewry, 1860-1934," *American Journal of Psychiatry* 91 (1935): 958--59; Lyon Gardiner Tyler, ed., *Men of Mark in Virginia, Ideals of American Life; a Collection of Biographies of the Leading Men in the State* (5 vols.; Washington, D.C., 1906-9), 5:108-11; "Central State Hospital," 9.

46. William F. Drewry, "Report of the Superintendent," in *Thirty-First Annual Report of the Central State Hospital of Virginia* (Petersburg, Va.) for the Fiscal Year Ending September 30, 1901 (Richmond, 1901), 7-10. By "not insane," Drewry specified that he meant "idiots, imbeciles, dotards, epileptics" (*ibid.*, 7). No word is provided about the fate of the escaped criminal patient, but this superintendent apparently did not shrink from reporting bad news along with good.

47. *Ibid.*; "Guide to the Records of Central State Hospital."

48. Reed, "Mental Health," 6, 8. See note 31.

49. "Guide to the Records of Central State Hospital."

50. "Central State Hospital," 4; Isabella Katz Pinzler, et al., "Central State Hospital Findings Letter," The United States Department of Justice, [https://www.justice.gov/crt/central-state-hospital -findings-letter](https://www.justice.gov/crt/central-state-hospital-findings-letter) (accessed 5 Apr. 2017). Of course, Central State is hardly alone in experiencing staffing shortages. Another Virginia mental health hospital recently implored nurses to visit and "job shadow" the nursing staff. "Have you ever wondered what it would be like to assist people in recovery from mental illness? Now is your chance!" the ad declared, going on to promise that a "schedule will be created according to your interest and availability," and adding that Human Resources personnel would be on hand to discuss specific openings. "A meal will be provided." *Smyth County News & Messenger*, 24 June 2015, B8.

51. Mira Signer, "Virginias Mental Health System: How It Has Evolved and What Remains to Be Improved," The Virginia News Letter 90 (May 2014), <http://www.coopercenter.org/sites/default/files/publications/Virginia%20News%20Letter%202014%20Vol.%2090%20No%203.pdf> (accessed 5 Apr. 2017); Tracy Salisbury, Central State Hospital Human Resources official, telephone conversation with Caroline Norris, 8 July 2015; "Central State Hospital Employee Reviews," Indeed, <https://www.indeed.com/cmp/Central-State-Hospital/reviews> (accessed 5 Apr. 2017). Employees contributing to this blog were almost uniformly gloomy, as exemplified by the following comments: (nurse) "extremely understaffed to dangerous levels"; (nurse) "This is the most dangerous job that I have ever had as an LPN and I have worked in corrections for 4 years"; (housekeeper) "the hardest part of my job is when you have to work shorthanded the most enjoyable part is when we have our annual cookout."

52. "Digital Archive to House 100 Years of Historical Documents"; Lorraine Dong, "The Ethical and Legal Issues of Historical Mental Health Records as Cultural Heritage," in Luciana Duranti and Elizabeth Shaffer, eds., *Proceedings from The Memory of the World in the Digital Age: An International Conference on Permanent Access to Digital Documentary Heritage* (Toronto, 2013), 735-44, <http://ciscra.org/docs/UNESCO%5FMOW2012%5FProceedings%5FFINAL%5FENG%5FCompressed.pdf> (accessed 5 Apr. 2017).

53. "Thomas Story Kirkbride," Asylum Projects, <http://www.asylumprojects.org/index.php?title=Thomas%5FStory%5FKirkbride> (accessed 5 Apr. 2017); "Thomas Story Kirkbride," Trans-Allegheny Lunatic Asylum, <http://trans-alleghenylunaticasylum.com/main/history3a.html> (accessed 5 Apr. 2017); "Historic Asylums," Rootsweb, <http://www.rootsweb.ancestry.com/-asylums/> (accessed 5 Apr. 2017). All three of these young men (with ten others) attended the initial gathering of this organization on 16 October 1844 at Jones' Hotel in Philadelphia. The agenda for discussion covered a wide range of concerns: 1. On the Moral Treatment of Insanity; 2. On the Medical Treatment of Insanity; 3. On Restraint and Restraining Apparatus; 4. On the Construction of Hospitals for the Insane; 5. On the Jurisprudence of Insanity; 6. On the Prevention of Suicide; 7. On the Organization of Hospitals for the Insane and a Manual for Attendants; 8. On the Statistics of Insanity; 9. On the Support of the Pauper Insane; 10. On Asylums for Idiots and Demented; 11. On Chapels and Chaplains in Insane Hospitals; 12. On Postmortem Examinations; 13. On Comparative Advantages of Treatment in Hospitals and in Private Practice; 14. On Asylums for Colored Persons; 15. On Provisions for Insane Prisoners ("History of the Association of Medical Superintendents of American Institutions for the Insane," <http://archive.org/stream/historyassociat00unkngoog/historyassociat00unkngoog%5Fdjvu.txt> [accessed 5 Apr. 2017]).

54. Osborn, "From Beauty to Despair," 223.

55. "Eastern State Hospital: Americas First Psychiatric Hospital"; "Brief History of Eastern State Hospital."

56. U.S. Department of the Interior: National Park Service, 1989, National Register of Historic Places, Inventory-Nomination Form: "Southwest Virginia Lunatic Asylum" (this description of the asylum did not, however, prevent the hospital's application from labeling the facility as "having the Kirkbride plan"); Phyllis Miller, comp., "A Brief History of Southwestern Virginia Mental Health Institute" (n.p., 2012), cover photograph, 3. This compilation was a handout during extended commemoration of the facility's 125th anniversary, May-June 2012.

57. Miller, comp., "A Brief History," 3; Richmond Patriot and Herald, 16 July 1885. Quoted by Joan Tracy Armstrong in "A Brief History of the Southwestern State Hospital 1887-1987," 4, commemorating the

hospital's centennial on 31 May 1987.

58. Miller, comp., "A Brief History," 4. The McDonald brothers had been trained as engineers rather than as architects. Led by Harry, the elder, they moved to Louisville and worked chiefly in railroad construction, but they also had built several notable office and public buildings in that city, including the Custom House (Mary Jean Kinsman, "Harry Peake and Kenneth McDonald," in John E. Kleber et als., eds., *The Encyclopedia of Louisville* [Louisville, 2001], 599).

59. Miller, comp., "A Brief History," 4-5. Dr. Black was credited with assisting the surgeon who amputated Stonewall Jackson's arm during the battle of Chancellorsville.

60. "Southwest Virginia Lunatic Asylum," section 7, 1; Miller, compiler, "A Brief History," 5-9. The curious, round, five-section rotunda windows were replicated in the 1930 redesign of the building's facade and again in the 1980s, after demolition of the three great wings, when single-level wards and small courtyards were connected to the Henderson Building as replacements. In this most recent incarnation, enormous round windows appear at angles of the new structures, providing unusual full-moon glimpses of nighttime ceilings.

61. Armstrong, "Brief History of the Southwestern State Hospital," 10.

62. *Ibid.*; Cavender, "Dr. Preston's Dream."

63. Miller, comp., "A Brief History," 6, 13.

64. Sherwood Anderson, *Hello Towns!* (New York, 1929), 215.

65. "Southwest Virginia Lunatic Asylum," section 7, 1; David Helms, introductory statements at 125th anniversary of SWVMHI, 17 May 2012.

66. Cheryl A. Veselik, "Superintendents and Directors of Southwestern Virginia Mental Health Institute," 8, Southwestern Virginia Mental Health Institute, <http://www.swvmhi.dbhds.virginia.gov/swvmhi/about-us/superintendents-and-directors-of-swvmhi.pdf> (accessed 6 Apr. 2017); "Southwest Virginia Lunatic Asylum"; "New 100 Room Hospital Building Going Up: Work on New Front of Old Building Nearing Completion," *Marion Democrat*, 24 June 1930, 1.

67. Miller, comp., "A Brief History," 14.

68. *Ibid.*, 6, 14. For example, the ability to shave construction costs by using inmate labor vanished when minimum wage regulations were enacted in mid-century. The ninety-patient building constructed in 1933 for \$32,000 was estimated to have cost \$100,000 had it been put up by professional contractors (*ibid.*, 13). And as women increasingly entered the workforce after World War II, the ability to care for troubled or helpless family members at home diminished.

69. Gerald N. Grab, *The Mad Among Us* (New York, 1994), 292; "Eastern State Hospital: America's First Psychiatric Hospital." "To some, the asylums of the 19th century represent a darker period in mental health care, with involuntary incarceration, barbaric and ineffective treatments, and abuse of patients" ("Historic Asylums"). This source, which is devoted to chronicling the fates of these structures, adds, "However, there is also a legacy of progressive institutional treatment." In all, some 350 historic asylums, sanitariums, orphanages, and mental hospitals are listed (thirty-eight in Wisconsin alone), of which fifty are Kirkbride Plan structures (not including the Marion facility); fifteen have been preserved or renovated (Matteawan State Hospital in New York is now the Fishkill Correctional Facility); and ten have been destroyed or are "mostly gone" (*ibid.*). Many of these institutions had or have Dickensian names: for example the New York Asylum for Idiots in Syracuse, N.Y., or the Institute for Feeble-Minded Children in Glenwood, Iowa. In his lecture opening the 125th anniversary celebration of SWVMHI, Dr. Jeffrey Geller noted the sharp decline in asylum populations occurring some sixty years ago: "In 1955, 50% of hospital beds accommodated psychiatric patients, about 150,000 in all. This figure dropped very

quickly to 55,000 by the 1960s" (Jeffrey Geller, "Southwestern Virginia Mental Health Institute in the Context of Public Psychiatry in Virginia and the Nation, 1768-2012," 18 May 2012).

70. Miller, comp., "A Brief History," 14.

71. T. R. Insel, "Cure Therapeutics and Strategic Prevention: Raising the Bar for Mental Health Research," PubMed Central, <https://www.ncbi-nlm-nih-gov.resources.njstatelib.org/pmc/articles/PMC1586099/> (accessed 6 Apr. 2017). Dr. Insel, Director of the National Institutes of Mental Health (NIMH), also notes in this report that a recent study pinpoints "mental illness as the number one source of disability from all non-communicable causes in developed nations."

72. Ibid.; "In Our Own Voice" (fact sheet distributed by consumers [inmates] at SWVMHI 125th anniversary celebration, 14 June 2012); Elizabeth Svoboda, "Kings and Queens of Chaos," *Psychology Today* (September 2013), 83; Lauren F. Friedman, review of Alissa Quart, *Republic of Outsiders*, *Psychology Today* (September 2013), 22-23.

73. Grob, *The Mad Among Us*, 1.

The reconstructed Williamsburg asylum reflects the simple style of the original structure, minus the outbuildings, wings, and courtyards added to it in later years. (The Colonial Williamsburg Foundation)

Facing page: Of course, the monetary value of goods and services has changed greatly since the nineteenth century, as evidenced by the Staunton hospital's bills for the care of Jane Moffett starting in 1858. Her total bill for a nine-year stay amounted to \$2,044.27. Although it is perhaps noteworthy that the clothes which cost her \$270.79 over that time now probably would be provided free. (Courtesy of James Spraker)

A demonstration of confinement to an eighteenth-century cell provides Williamsburg visitors with a glimpse of asylum life in early Virginia. Note the prayerful graffiti and shackles readily available. (The Colonial Williamsburg Foundation)

This photograph of Western State Hospital shows the original classical facade undergoing restoration and repurposing as a conference center and residential compound.

In a sunny interior courtyard of the Western State Hospital complex, the small Gothic chapel awaits restoration.

Now shuttered, the massive Dejarnette sanitarium and "spa" broods on a ridge above Interstate 81, just south of Staunton.

Patients stroll behind one of Central State Hospital's earliest permanent dormitories. The first brick buildings specifically designed for treatment of the mentally ill were not constructed until some fifteen years after the facility's founding in 1868.

Central State Hospital operations manager Peter Lehman described the chapel as "a source of joy and comfort in its day." These photos, taken in 2012, show the structure in an advanced state of collapse, since which time the vines have taken over and the small chapel has disappeared completely. (Courtesy of Peter Lehman)

This late nineteenth-century photograph shows patients at Central State in a typical "moral management" setting. In this case, they are practicing weaving and embroidery in a spacious workroom.

This photograph shows the original Henderson Building (administration building) at the Marion asylum. In the 1930s, the building underwent a dramatic remodeling, followed decades later by demolition of its three long wings; the Henderson Building remains, however, the largest structure in the state still serving its original purpose as a mental health facility.

Dark rooflines in this early aerial photo of the Southwest Virginia Hospital show the "E" shape formed by the Henderson Building and its original three massive wings.

The remodeled Henderson building presents an exotic appearance when contrasted with the original spare architecture shown at the beginning of this section.

Skillful masonry blends the hospital's newer facade with the original brickwork behind it.

For more than thirty years, the new one-story wings at the Marion facility have echoed the ideas of Galt, Pinel, and Tuke by replacing the imposing tall wings of the 1886 original structure with a less overwhelming design. The hospital complex now spreads out horizontally, the individual wards linked by corridors and clustered around small gardens and patios.

The 2012 "Seasons of Life" window in Marion commemorates a rehabilitation director who promoted animal therapy, an aspect of moral management still considered important in patient recovery. Note the small black horse at center right and the two tiny animals in the bottom panel. (Photo by author, used with permission)

A workman installs handcrafted shingles on the roof of the reconstructed Williamsburg asylum in 1985. (The Colonial Williamsburg Foundation)

Another view of the desolate Dejarnette "spa." The name, the philosophy, and the grandiose structure itself have been abandoned, and the site is carefully kept off-limits to the curious.

Functional architecture marks new buildings at Central State Hospital.

An elderly patient seemingly enjoys the companionship of a therapy dog.

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